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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90129 030 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746801

1. Corporation Name
MARINA SOUTH SHORE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 3200 SOUTH SHORE DRIVE PUNTA GORDA FL 33955	Mailing Address 3200 SOUTH SHORE DRIVE PUNTA GORDA FL 33955
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/19/1979	4. FEI Number 59-2000787	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STAR HOSPITALITY MANAGEMENT INC. 3160 MATECUMBE KEY ROAD PUNTA GORDA FL 33955				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MITCHELL, F. STUART			1.2 NAME	EDGAR LIKENS		
STREET ADDRESS	3220-23A SOUTH SHORE DRIVE			1.3 STREET ADDRESS	3220-21B SOUTH SHORE DRIVE		
CITY-ST-ZIP	PUNTA GORDA FL 33955			1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PIERCE, SUSAN			2.2 NAME	SYLVESTER, WAYNE		
STREET ADDRESS	3230-31C SOUTH SHORE DRIVE			2.3 STREET ADDRESS	3210-13C SOUTH SHORE DRIVE		
CITY-ST-ZIP	PUNTA GORDA FL 33955			2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OTTENS, RICHARD			3.2 NAME	GROVE, DAVID		
STREET ADDRESS	3280-87A S SHORE DR			3.3 STREET ADDRESS	3270-72A SOUTH SHORE DRIVE		
CITY-ST-ZIP	PUNTA GORDA FL			3.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUTIL JOHN			4.2 NAME	KUTIL JOHN		
STREET ADDRESS	3250 S. SHORE DR.			4.3 STREET ADDRESS	3250-56A SOUTH SHORE DRIVE		
CITY-ST-ZIP	PUNTA GORDA FL			4.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DU REI, TOM			5.2 NAME	DU REI, TOM		
STREET ADDRESS	3210-11 A SOUTH SHORE DRIVE			5.3 STREET ADDRESS	3210-11A SOUTH SHORE DRIVE		
CITY-ST-ZIP	PUNTA GORDA FL 33955			5.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	TREAS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HELLMERS, PAUL			6.2 NAME	JACK SHIPMAN		
STREET ADDRESS	3250-52A SOUTH SHORE DRIVE			6.3 STREET ADDRESS	3240-43A SOUTH SHORE DRIVE		
CITY-ST-ZIP	PUNTA GORDA FL 33955			6.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: SIGNATURE REQUIRED / John 3/17/99 (941)637-7976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

0061945

CR2E037-(4-1/98)